

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890,283

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER- 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3							53						
4							54						
5				1			55						
6							56						
7				1			57						
8							58						
9				1			59						
10							60						
11				1			61						
12							62						
13							63						
14				1			64						
15							65						
16				1			66						
17							67						
18				1			68						
19							69						
20				1			70						
21							71						
22				1			72						
23							73						
24							74						
25				1			75						
26							76						
27				1			77						
28							78						
29				1			79						
30							80						
31				1			81						
32							82						
33				1			83						
34							84						
35				1			85						
36							86						
37				1			87						
38							88						
39				1			89						
40							90						
41				1			91						
42							92						
43				1			93						
44							94						
45							95						
46				1			96						
47							97						
48				1			98						
49							99						
50				1			100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			48				TOTAL DEP.						
TOTAL CLAIMS			50				TOTAL CLAIMS						